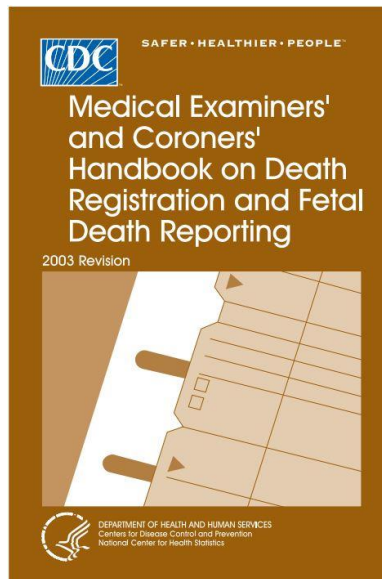


# **Maternal Mortality and Morbidity Forum Death Certificate Reporting Data Resources**

## **National Center for Health Statistics/Center for Disease Control**

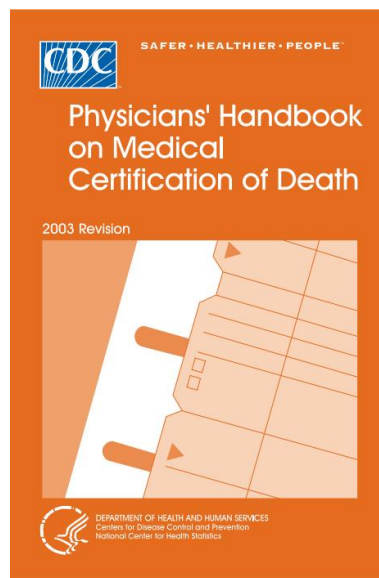
Medical Examiners' and Coroners' Handbook on Death Registration

[http://www.cdc.gov/nchs/data/misc/hb\\_me.pdf](http://www.cdc.gov/nchs/data/misc/hb_me.pdf)





Physicians' Handbook on Medical Certification of Death:

[https://www.cdc.gov/nchs/data/misc/hb\\_cod.pdf](https://www.cdc.gov/nchs/data/misc/hb_cod.pdf)





## Instructions for Completing the Cause of Death Section of the Death Certificate:

[https://www.cdc.gov/nchs/data/dvs/blue\\_form.pdf](https://www.cdc.gov/nchs/data/dvs/blue_form.pdf)

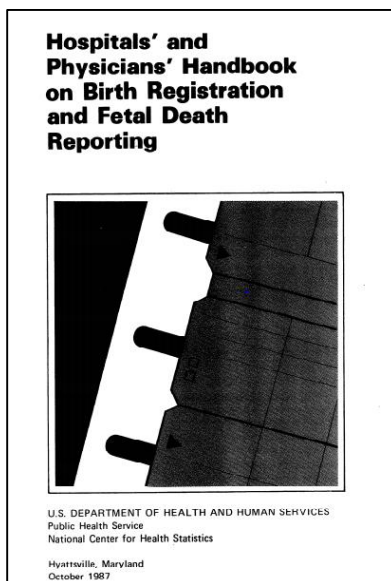
 <p>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Centers for Disease Control and Prevention National Center for Health Statistics</p>		 <p>SAFER • HEALTHIER • PEOPLE™</p>
<b>Instructions for Completing the Cause-of-Death Section of the Death Certificate</b> Accurate cause-of-death information is important: • To the public health community in evaluating and improving the health of all citizens, and • Often to the family, now and in the future, and to the person settling the decedent's estate.		
The cause-of-death section consists of two parts. <b>Part I</b> is for reporting a chain of events leading directly to death, with the <b>immediate cause of death</b> (the final disease, injury, or complication directly causing death) on <b>Line a</b> and the <b>underlying cause of death</b> (the disease or injury that initiated the chain of morbid events that led directly and inevitably to death) on the lowest used line. <b>Part II</b> is for reporting all other significant diseases, conditions, or injuries that contributed to death but which did not result in the underlying cause of death given in <b>Part I</b> . The <b>cause-of-death information should be YOUR best medical OPINION</b> . A condition can be listed as "probable" even if it has not been definitively diagnosed.		
<b>Examples of properly completed medical certifications</b>		
<b>CAUSE OF DEATH (See instructions and examples)</b> <b>32. PART I. Enter the chain of events—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.</b> <b>IMMEDIATE CAUSE (Final disease or condition resulting in death)</b> → <b>a. Rupture of myocardium</b> <b>Due to (or as a consequence of):</b> <b>b. Acute myocardial infarction</b> <b>Due to (or as a consequence of):</b> <b>c. Coronary artery thrombosis</b> <b>Due to (or as a consequence of):</b> <b>d. Atherosclerotic coronary artery disease</b> <b>Sequitely list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST</b>		<b>Approximate Interval: Onset to death</b>  Minutes 6 days 5 years 7 years
<b>PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.</b> Diabetes, Chronic obstructive pulmonary disease, smoking		<b>33. WAS AN AUTOPSY PERFORMED?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>35. DID TOBACCO USE CONTRIBUTE TO DEATH?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	<b>36. IF FEMALE:</b> <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year	<b>37. MANNER OF DEATH</b> <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined
<b>CAUSE OF DEATH (See instructions and examples)</b>		

## Instructions for Completing the Cause of Death Section of the Death Certificate for Injury and Poisoning:

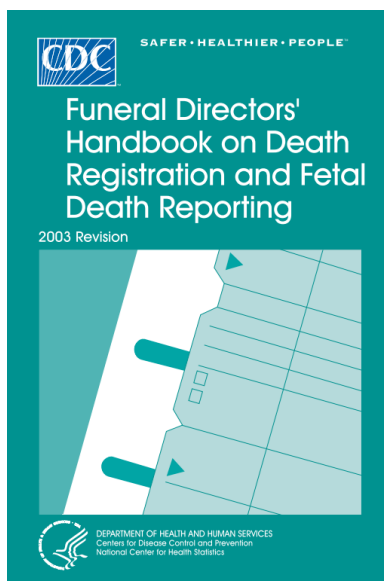
[https://www.cdc.gov/nchs/data/dvs/red\\_form.pdf](https://www.cdc.gov/nchs/data/dvs/red_form.pdf)

 <p>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Centers for Disease Control and Prevention National Center for Health Statistics</p>		 <p>SAFER • HEALTHIER • PEOPLE™</p>
<b>Instructions for Completing the Cause-of-Death Section of the Death Certificate for Injury and Poisoning (usually completed by a Medical Examiner or Coroner)</b> <b>Examples of properly completed medical certifications</b>		
<b>CAUSE OF DEATH (See instructions and examples)</b> <b>32. PART I. Enter the chain of events—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.</b> <b>IMMEDIATE CAUSE (Final disease or condition resulting in death)</b> → <b>a. Carbon monoxide poisoning</b> <b>Due to (or as a consequence of):</b> <b>b. Inhalation of automobile exhaust fumes</b> <b>Due to (or as a consequence of):</b> <b>c. _____</b> <b>Due to (or as a consequence of):</b> <b>d. _____</b> <b>Sequitely list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST</b>		<b>Approximate Interval: Onset to death</b>  Unknown Unknown
<b>PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.</b> Terminal gastric adenocarcinoma, depression		<b>33. WAS AN AUTOPSY PERFORMED?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>35. DID TOBACCO USE CONTRIBUTE TO DEATH?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	<b>36. IF FEMALE:</b> <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year	<b>37. MANNER OF DEATH</b> <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined
<b>38. DATE OF INJURY (dd/mm/yyyy)</b> May 5, 2003	<b>39. TIME OF INJURY</b> Unknown	<b>40. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area)</b> Own home garage
<b>41. INJURY AT WORK?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>42. LOCATION OF INJURY:</b> Street & Number: 898 Sylvan Road State: Missouri City or Town: near Alexandria Apartment No.: Zip Code: 65100-1234
<b>43. DESCRIBE HOW INJURY OCCURRED:</b> Inhaled carbon monoxide from auto exhaust through hose in an enclosed garage		
<b>44. IF TRANSPORTATION ACCIDENT, SPECIFY:</b> <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify):		

Hospitals' and Physicians' Handbook on Birth Registration and Fetal Death Reporting  
[https://www.cdc.gov/nchs/data/misc/hb\\_birth.pdf](https://www.cdc.gov/nchs/data/misc/hb_birth.pdf)

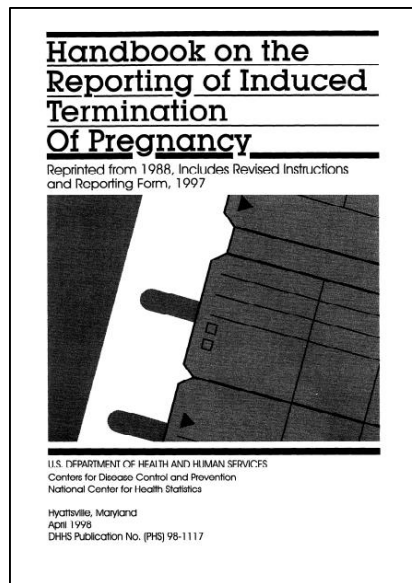


Funeral Directors' Handbook on Death Registration and Fetal Death Reporting  
[https://www.cdc.gov/nchs/data/misc/hb\\_fun.pdf](https://www.cdc.gov/nchs/data/misc/hb_fun.pdf)



Handbook on the Reporting of Induced Termination of Pregnancy:

[https://www.cdc.gov/nchs/data/misc/hb\\_itop.pdf](https://www.cdc.gov/nchs/data/misc/hb_itop.pdf)



Additional CDC Cause of Death Statement resource:

[https://www.cdc.gov/nchs/nvss/writing\\_cod\\_statements.htm](https://www.cdc.gov/nchs/nvss/writing_cod_statements.htm)

### **New York City Health Department**

Improving Cause of Death Reporting:

<http://www.nyc.gov/html/doh/media/video/icdr/>

### **Texas Department of State Health Services Vital Statistics Section:**

Handbook on Death Registration:

<http://www.dshs.texas.gov/vs/field/Medical-Certifier-Resources/>

TER Online Training:

<http://www.texasvsu-ed.org/>

### **Texas Justice Court Training Center**

Inquest Webinar:

<http://www.tjctc.org/webinars.html>